

Referrals
5-14-19

**NEIGHBORHOOD
AND COMMUNITY
SERVICES STANDING
COMMITTEE**

15

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 823 Event Name: CVA 6 - Chucks vs. Adidas 6

Event Date: June 30, 2019

Street Closure: None

Organization Name: Just Cody, LLC/ Vetrans Lives Matter

Street Address: 28624 San Marino Drive Southfield, MI 48034

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Fundraiser - Dance Party</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Annual networking event targeting Generation X located at Hart Plaza from 4:00pm - 10:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Ford Underground Garage
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Aushier

Date: May 8, 2019



To Ms. Donisha Burt:

I wanted to give you some information about us and what we can offer you. We have current experience in your market and understand your needs at Hart Plaza.

It is with great pleasure herewith we submit our proposal for the provision of security services. We hope that this may be the start of an exciting and productive relationship on what promises to be a worthwhile project.

Camouflage Security & Investigations is an acclaimed firm of security agents with a reputation for both effective security solutions and the use of innovative technology in the protection of life and property. We have a portfolio of completed and on-going projects with particular emphasis on governmental security administration. We think that your project is well suited to our strengths and aspirations.

Our Board of Directors respectfully requests that you study our proposal in detail. We are extremely interested in the project and we very much hope that you consider the Camouflage team as a strong candidate for selection.

Yours Sincerely,

Joel Grissom

Chief Operations Officer
Camouflage Security & Investigations



Cost Structure

Camouflage will furnish you with licensed, bonded and insured security officers. Our hourly rates for this project are:

\$17.00 Unarmed Security Guard

\$22.50 Armed Security Guard

\$20.50 Emergency Additional Security Guard (guards not included in the original quote)

\$7.00 Car Patrol Services (per hit, minimum 4 per night)

Account Manager(s) time is not billed in any way to you. Our account manager(s) will be on site approximately 8 hours per week at un-announced times to check up on the account supervisor and the assigned security guards. He is also liaison to your manager on all security initiatives and project maintenance. The supervisor patrol is free of charge.

The Guard Tour System is a courtesy of Camouflage. We do not bill the client for installation, monitoring or up-keep of this system.

- 1) Overtime is never billed to client. We have accounted for project overtime in our billable rate.
- 2) Holidays are billed at time and a half. We recognizes federally recognized holidays only.
- 3) Uniforms, equipment or other expenses are never billed to the client.
- 4) Training and in-service seminars and coursework are not billed to client.

Company Contact Info:

Joel Grissom

**Camouflage Security &
Investigations, LLC**

615 Griswold, Ste. 925 Detroit, Michigan 48226

Office: (313) 338-8005 Fax: (313) 338-8005

Cell: (313) 717-2381

Email: joel@camouflagesecurity.com

Web site: www.camouflagesecurity.com

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
POLICE DEPARTMENT FIRE DEPARTMENT
BUSINESS LICENSE CENTER BUILDINGS SAFETY ENGINEERING
RECREATION DEPARTMENT

823 *Just Cody LLC/Vetrans Lives Matter, request to hold "CVA 6 (Chucks vs Adidas 6)" at Hart Plaza on 6/30/19 from 4PM - 10PM, Set up on 6/30/19 at 12PM - 4PM, Tear down after event,*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: CVA 6 (Chucks vs Adidas 6)

Event Location: Hart Plaza

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Just Cody LLC / Vetrans Lives Matter

Organization Mailing Address: 28624 San Marino Dr Southfield, MI 48034

Business Phone: 313-415-0004

Business Website: NA

Applicant Name: Cody Phillpotts

Business Phone: 313-415-0004

Cell Phone: 313-415-0004

Email: cody628@comcast.net

Event On-Site Contact Person:

Name: Cody Phillpotts

Business Phone: 313-415-0004

Cell Phone: 313-415-0004

Email: cody628@comcast.net

Event Elements (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Fundraiser/Dance Party</u> |

Projected Number of Attendees: 3000+

Please provide a brief description of your event:

This annual networking event has a target audience of attendees ages 35-55 and Generation X who enjoy mingling, feasting and dancing to hit music from the 70s, 80s, 90s and 21st Century with no racial cultural or genre boundaries, that give back.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 06/30/2019 Time: 11:00 AM Complete Set-up Date: 06/30/2019 Time: 04:00 PM

Event Start Date: 06/30/2019 Time: 04:00 PM Event End Date: 06/30/2019 Time: 10:00 PM

Begin Tearing Down Date: 06/30/2019 Complete Tear Down Date: 07/01/2019

Event Times (If more than one day, give times for each day):
N/A

Section 3- LOCATION/SITE INFORMATION

Location of Event: Hart Plaza

Facilities to be used: ☒ Check ☐ Street ☐ Sidewalk ☒ Park ☐ City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJ and Host

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

How many generators will be used? _____

How will the generators be fueled?

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

☒ Food

☐ Merchandise

☒ Non-Alcoholic Beverages

☒ Alcoholic Beverages

Indicate type of items to be sold:

Tickets to the event will be sold prior to the event as well as on-site sales. Food and beverages will also be sold.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

No

Have local neighborhood groups/businesses approved your event?

☐ Yes

☒ No

Indicate what steps you have or will take to notify them of your event:

NA

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: _____

Address: _____

City/State/Zip: _____

Name of company providing port-a-johns. _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? _____

Contact Person: _____

Address: _____

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

City of Detroit Seal
Cody Phillpotts
City of Detroit Seal

04/12/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: CVA 6 Event
Date: 6/30/2019

Event Organizer:
Cody Phillpotts

City of Detroit Seal
Cody Phillpotts
City of Detroit Seal

Applicant Signature:

Date: 04/12/2019

16

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 691 Event Name: Tour d'Eastside

Event Date : June 1, 2019

Street Closure: None

Organization Name: Tour de Troit

Street Address: 2727 Second Ave Detroit, MI 48201

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|------------------------------------|--|---|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Bike Ride</u> | |
- ☒ **24-Hour Liquor License**

Petition Communications (include date/time)

Tour d'Eastside will start at Albert Brush Park and cycle around the Eastside of Detroit from 5:30am - 6:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Judier

Date: May 6, 2019

4850 S. Sheldon Rd
Canton, MI 48188-2743
Phone: (734) 397-1677
Fax: (734) 397-5903
"Equal Opportunity Employer"



Traffic Control Specialists

ATTN: _____
PAGE(S) _____ **of** _____

*** Please direct any inquiries to John Clarke***

<u>Letting prepared for:</u>					
Name	TOUR DETROIT			contact	VITTORIA KATANSKI
Address				Item No.	
City	state	mi	ZIP	Letting Date	
Phone	Fax			Time Period	SEPTEMBER 14 2019

TOUR DETROIT
BIKE RIDE

TERMS & CONDITIONS OF QUOTE:

- TERMS & CONDITIONS OF QUOTE:**
- * Any extra equipment needed will be charged to the contractor.
- * Prices are based upon the completion date given above, if the time exceeds the given completion date, the contractor will be charged daily rental rates for any time after the given completion date.
- * A five (5) day notice is required to Poco, Inc. prior to the start of the project, in which the traffic control is needed. If a five (5) day notice is not given, Poco, Inc. does not guarantee delivery of the equipment for the start date.
- * Any missing equipment will be charged to the contractor accordingly.
- * Overhead and covering of all signs is the Contractor's responsibility.
- * Daily alignment and repositioning of the equipment is the Contractor's responsibility.
- * All staking is to be completed by the Contractor.
- * No Winter Coverage.
- * Reviewing and adjustments of traffic control are to be completed by the Contractor.

[illegible]



03/13/2019

Vittoria Katanski of Tour De' Troit,

We have been contracted and reserved to provide portable restroom rooms for the following events and dates:

Rouge-A-Thon April 13th 2019

Tour d'Eastside June 1st 2019

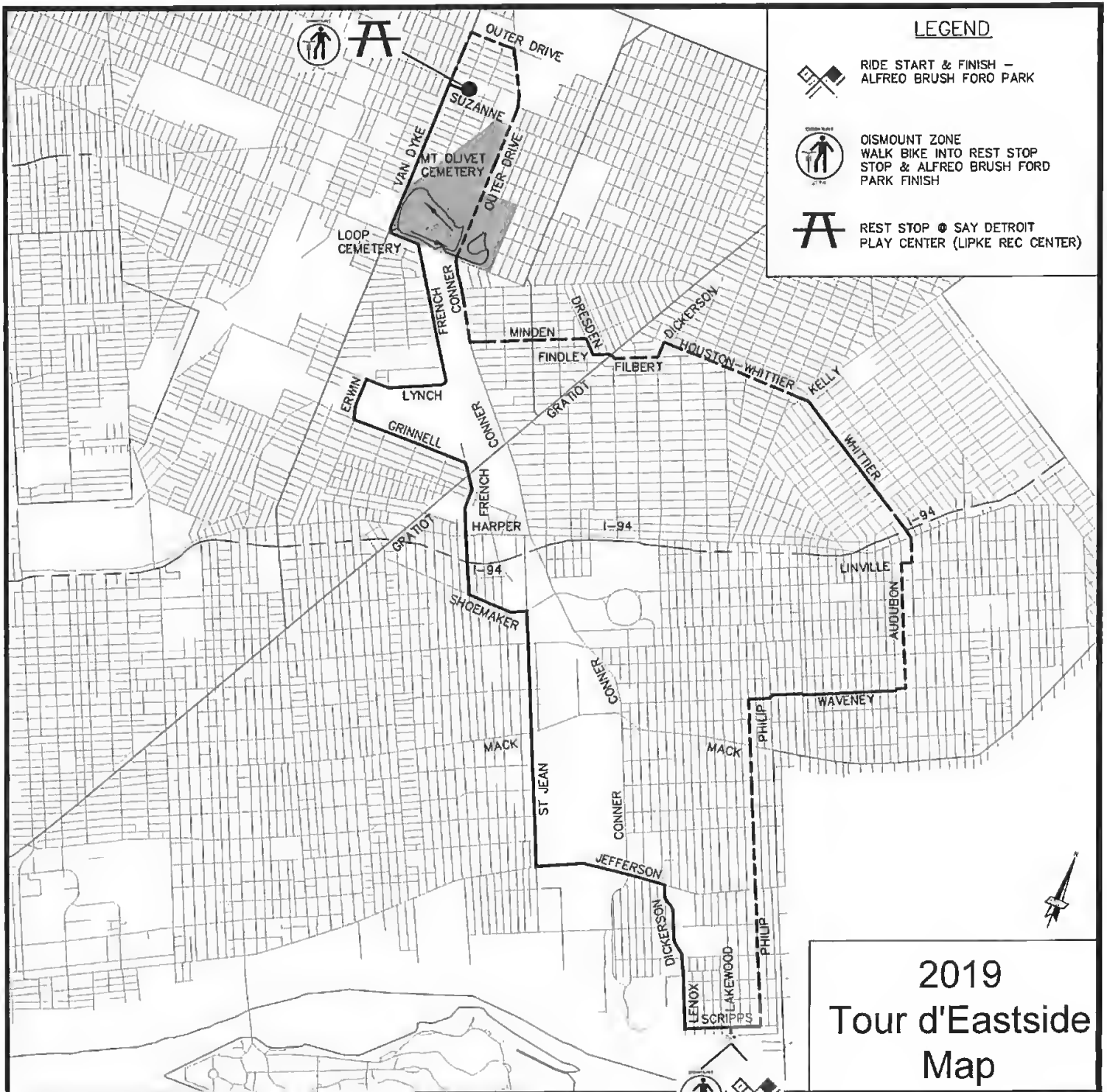
Tour de Troit September 14th 2019

Bike the Bridge October 27th 2019

Drew Weber

Scotty's Potties

Bob's Sanitation Service, Inc
Scotty's Potties
P.O. Box 530845
Livonia, MI, 48153
734-421-1400 / Fax 734-946-7382



LEGEND



RIDE START & FINISH -
ALFREDO BRUSH FORD PARK



OISMOUNT ZONE
WALK BIKE INTO REST STOP
STOP & ALFREDO BRUSH FORD
PARK FINISH



REST STOP @ SAY DETROIT
PLAY CENTER (LIPKE REC CENTER)

2019 Tour d'Eastside Map

START. Alfredo Brush Ford Park

Exit park (northwest) on Lakewood
Turn left onto Scripps
Turn right onto Lenox
Continue onto Dickerson
Turn left onto E Jefferson
Turn right onto St Jean (Conner Creek
Greenway)
Turn left onto Shoemaker
Turn right onto French
Turn left on Grinnell
Turn right onto Erwin
Turn right onto Lynch
Continue onto French
French Rd turns slightly left and
becomes E McNichols
Turn right onto Van Dyke

Turn right into Mt Olivet Cemetery

Complete Cemetery Loop

Turn right onto Van Dyke
Turn right onto Suzanne
Turn left into SAY Detroit Play Center
(Lipke Rec Center)

REST STOP

Exit right from Rest Stop toward Van Dyke
Turn right onto Van Dyke
Turn right onto Outer Dr E
Continue onto Conner
Turn left onto Minden
Turn right onto Dresden
Turn left onto Findley

Continue onto Filbert
Turn left onto Dickerson
Turn right onto Houston Whittier
Turn right onto Linville
Turn left onto Audubon
Turn right onto Waveney
Turn left onto Courville
Turn right onto Waveney

**ALFREDO BRUSH
FORD PARK**

Turn right onto Barham
Turn left onto Waveney
Turn left onto Alter
Turn right onto Waveney
Turn left onto Philip
Turn right onto Scripps
Turn left onto Lakewood
Continue into park

ARRIVE/FINISH: Alfredo Brush Ford Park

NEED ASSISTANCE ON THE ROAD

Look for TdE
Sweepers in NEON GREEN shirts
& Medics in RED shirts

Universal Macomb Dispatch

--***



**giffels
webster**

Map Date: 03-13-2019

Lakewood



0 100' 200'
SCALE: 1" = 200'



PARK COMFORT
STATION

(2) 10'x10' TENTS



Know what's below.
Call before you dig.

TdT Tour de Eastside

Detroit, Michigan

AB Ford Park Set Up Plan

**giffels
webster**

Engineers Surveyors Planners
Landscape Architects

28 West Adams Road
Suite 1200
Detroit, MI 48226
p (313) 862-4442
f (313) 962-5068
www.giffelswebster.com

Executive: MGD
Manager: MGD
Designer: MGD
Quality Control: VAK
Section:

Developed For:

Tour de Troit
2727 Second Avenue
Suite 148
Detroit, MI 48201

DATE:	ISSUE:
03.12.2019	SEMT Permit

Date: 03.12.2019
Scale: 1"=100'
Sheet: C1
Project: 18101-00D

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DEPARTMENTAL REFERENCE COMMUNICATION

Monday, February 18, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

RECREATION DEPARTMENT MAYOR'S OFFICE
DPW - CITY ENGINEERING DIVISION POLICE DEPARTMENT
FIRE DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

691 *Tour de Troit, request to host "Tour d'Eastside" at Alfred Brush Park and the streets of Detroit on 6/1/19 @ 5:30AM - 6PM, Set-up on 5/30/19 @ 12PM-8PM, Tear down on same day of event from 3PM - 6PM*

#691

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least **60 days** prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Tour d'Eastside

Event Location: Alfred Brush Park and the streets of Detroit

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Tour de Troit

Organization Mailing Address: 2727 Second Ave. #148 Detroit, MI 48201

Business Phone: (248) 766-6485

Business Fax:

Federal Tax ID # 46-0845424

If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.

Applicant Name: Vittoria Katanski

Title/Role: Director

Email Address: vittoria@tour-de-troit.org

Mailing Address: 2727 Second Ave. #148 Detroit, MI 48201

Business Phone: (248) 766-6485

Business Fax:

Event On-Site Contact Person:

Mailing Address: Same as above

Business Phone:

Business Fax:

List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).

List Event Sponsors:

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☐ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: Bike ride

Provide a brief description of your event:

Bike ride through the city's eastside with police escort.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 5/30/2019 12pm Complete Set-up Date & Time: 5/30/2019 8pm

Event Start Date & Time: 6/1/2019 5:30am Event End Date & Time: 6/1/2019 6pm

Begin Tearing Down Date: 6/1/2019 3pm Complete Tear Down Date: 6/1/2019 6pm

Event Times (If more than one day, give times for each day):

Is this the first time you have held this event in the City of Detroit? ☐ Yes ☒ No

If no, what years has the event been held in Detroit? 2012-2018

When was the event last held in Detroit? June 2, 2019

Where was the event last held in Detroit? Alfred Brush Park

What were the hours last year? Same as above

Project Attendance This Year (Minimum – Maximum)? 1500-2000

What is the basis for your projected attendance? Previous attendance

Please describe your anticipated/ target audience:

Is this going to be an annual event? ☒ Yes ☐ No

If yes, do you have a preferred/proposed for next year? May 30, 2020

If a parade is planned. Indicate elements (check all that apply):

☐ People ☐ Balloons

☐ Floats ☐ Animals

☐ Vehicles ☒ Other: Bike ride

☐ Bands

If animals included, specify type, number and how used. None

Name of business supplying animal(s):

Contact Person:

Address:

Phone:

City/State/Zip:

Section 3- LOCATION/SITE INFORMATION

Location of Event: AB Ford Park and streets of Detroit

Facilities to be used (circle): Street ☒ Sidewalk Park ☒ City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Singers | <input type="checkbox"/> Magician |
| <input type="checkbox"/> Musicians | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Comedians | <input type="checkbox"/> Other: _____ |

Describe the entertainment for this year's event: None

List proposed entertainers and/or bands performing at the event:

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Speakers

☒ Acoustic-audible, sound heard within natural range

☐ Amplified-augmented, sound increased to broaden range

The amplified sound will be used: _____

Will the event consist of a musical concert? ☐ Yes ☒ No

If yes, what type of music? (check all that apply)

☐ Live ☐ Recorded ☐ Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: _____

How many generators will be used? One

How will the generators be fueled? _____

Name of vendor providing generators: _____

Contact Person: JMDK

Address: 32671 Conrad

Phone:

City/State/Zip: Chesterfield Township, MI 48074

Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

☐ Radio (Specify stations):

☐ Television (Specific stations):

☐ Newspapers (specify papers):

☒ Web site (identify web address): tour-de-troit.org

☒ Public Relations or Marketing Firm (Specify): Robar Public Relations

Contact Info:

☐ Raffle (List Item(s)):

☐ Billboards

☒ Flyers

☒ Street Banners

☐ Other (specify):

NOTE: All raffles subject to laws of State/City.

Section 6- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will food be sold? ☐ Yes ☒ No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold? ☐ Yes ☒ No

If yes, describe:

Will a percentage of the proceeds be distributed to a charitable organization? ☒ Yes ☐ No

If yes, describe: We are a nonprofit organization.

If the event is a fundraiser, identify charity or recipient of funds:

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food

☐ Merchandise

☐ Non-Alcoholic Beverages

☐ Alcoholic Beverages

☐ Other (specify):

Indicate type of items to be sold:

Will these be exclusive vendors or outside vendors? (please describe): None

Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Off-duty sheriffs

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

Describe the emergency evacuation plan: Riders will follow Detroit Police Department instructions.

Describe the parking plan to accommodate anticipated attendance: Parking around venue.

How will you advise attendees of parking options? Our website and sign-up venues will have parking info available.

Are you seeking a group parking rate? No

Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

The ride will be barricaded and streets will be blocked off along the route. Barricades will be removed as DPD clears participants off the route.

Have local neighborhood groups/businesses approved your event?

☐ Yes

☐ No

Indicate what steps you have or will take to notify them of your event: We will reach out to the CDCs in the area as well as residential groups. We will post appropriate listserves, notify businesses along the route, and post flyers.

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

Structure

How Many?

Two 10'x10' tents

Size/Height

10'x10'

Booth

Tent (enclosed on 3 sides)

Canopy (open on all sides) _____

Staging/Scaffolding _____

Bleachers _____

Company:

Grill

☐ Gas ☐ Charcoal ☐ Electrical ☐ Propane

Fireworks (Pyrotechnics)

☐ Aerial ☐ Stage

Provide Sketch:

Portable Restrooms:

☐ Standard ☐ ADA Accessible

Vehicles

Type/Weight:

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

Will additional utility services be used (power, water, etc.)? Please describe.

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Recycle Here

Address: 1331 Holden Street

Phone: (313) 871-4000

City/State/Zip Detroit, MI 48202

Name of company providing emergency medical services?

Contact Person: Rapid Response

Address: _____

City/State/Zip: _____

Name of company providing porta-johns. Scotty's Potties

Contact Person: Tiffany

Address: _____

Phone: _____

City/State/Zip: _____

Name of private catering company? Slow's 2 Go

Contact Person: _____

Address: 4107 Cass Avenue Detroit, MI 48201

Phone: _____

City/State/Zip: _____

SPECIAL USE REQUESTS

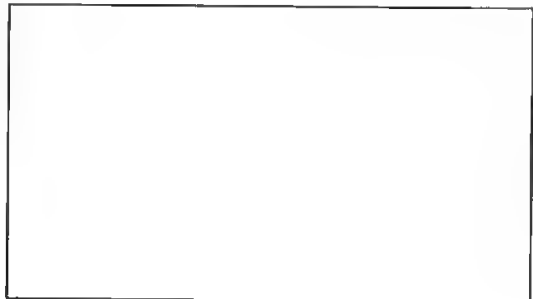
List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____



STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

STREET NAME: _____

FROM _____
TO _____

Closure Dates: _____
Beg. Time: _____
End Time: _____
Reopen Date: _____
Time: _____

Requested City Equipment

Provided In: _____ (year)

Current Request: _____ (year)

Street Closures:

☐ Posting no parking signs

☐ Light pole

☐ Electrical Services

☐ Storage for Trailers/Trunks

Barricades are not available from the City of Detroit.

ADDITIONAL INFORMATION

Is there any additional information that you feel is important to mention regarding your event or additional requests?

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Vittoria D. Kline

December 12, 2018

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

MAYOR'S OFFICE COORDINATORS REPORT

17

OVERALL STATUS (please circle): ☒ **APPROVED** ☐ **DENIED** ☐ **N/A** ☐ **CANCELED**

Petition #: 793 Event Name: We Care Day 2019

Event Date : June 1, 2019

Street Closure: None

Organization Name: We Care Day 2019

Street Address: 19451 Hasse Detroit, MI 48234

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Run/Marathon |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony | <input type="checkbox"/> Political Ceremony | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Filming | <input checked="" type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Convention/Conference | <input checked="" type="checkbox"/> Other: <u>Parade & Rally</u> | |
| <input type="checkbox"/> 24-Hour Liquor License | | | |

Petition Communications (include date/time)

Youth Parade begins at the Belmont Shopping Center where they will march to Farwell Park to host a rally from 9:00am - 6:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Generators
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Fisher

Date: May 6, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 10, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW/TRAFFIC ENGINEERING
POLICE DEPARTMENT BUILDINGS & SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT FIRE DEPARTMENT

793 *We Care Day 2019, request permission to hold "We Care Day 2019" commencing at Belmont Shopping Center to Farwell Park, June 1, 2019 from 9am. to 6:00 pm. with set up and tear down same day.*

City of Detroit Special Events Application

#793

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: WE CARE DAY 2019

Event Location: FARWELL RECREATION CENTER

Is this going to be an annual event? ☒ Yes ☐ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: FARWELL RECREATION ADVISORY COUNCIL

Organization Mailing Address: 19451 HASSE DETROIT, MI. 48234

Business Phone: 313-368-1803

Business Website: NA

Applicant Name: WE CARE DAY 2019

Business Phone: 313-368-1803

Cell Phone: 313-303-3068

Email: BLACKIMHOTEP@YAHOO.COM

Event On-Site Contact Person:

Name: OLIVER L. WILSON

Business Phone: 313-368-1803

Cell Phone: 313-303-3068

Email: SAME

Event Elements (check all that apply)

☐ Walkathon

☐ Carnival/Circus

☐ Concert/Performance

☐ Run/Marathon

☐ Bike Race

☐ Religious Ceremony

☐ Political Event

☐ Festival

☐ Filming

☒ Parade

☐ Sports/Recreation

☐ Rally/Demonstration

☐ Convention/Conference

☐ Fireworks

☒ Other: PARADE AND RALLY

Projected Number of Attendees: 100 - 200

Please provide a brief description of your event:

WE MARCH FROM BELMONT SHOPPING CENTER TO FARWELL PARK, 1 AND 1/2 MILE JOURNEY AND ASSEMBLE AT FARWELL PARK FOR FUN AND CELEBRATION TO HONOR THE YOUTH IN OUR COMMUNITY. THIS IS OUR SUMMER KICK-OFF EVENT TO GALVANIZE AND ENERGIZE OUR BASE AND PLAN FOR A MORE PRODUCTIVE YEAR.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 06/01/2019 Time: 09AM Complete Set-up Date: 06/01/2019 Time: 6:00 PM

Event Start Date: 06/01/2019 Time: 09AM Event End Date: 06/01/2019 Time: 6: PM

Begin Tearing Down Date: 06/01/2019 Complete Tear Down Date: 06/01/2019

Event Times (If more than one day, give times for each day):
NA

Section 3- LOCATION/SITE INFORMATION

Location of Event: FARWELL RECREATION CENTER

Facilities to be used (Check) Street ☒ Sidewalk Park ☒ City ☒
Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- | | |
|-----------------------------------|--|
| -Public entrance and exit | -Location of First Aid |
| -Location of merchandising booths | -Location of fire lane |
| -Location of food booths | -Proposed route for walk/run |
| -Location of garbage receptacles | -Location of tents and canopies |
| -Location of beverage booths | -Sketch of street closure |
| -Location of sound stages | -Location of bleachers |
| -Location of hand washing sinks | -Location of press area |
| -Location of portable restrooms | -Sketch of proposed light pole banners |

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? OUR DJ WILL PROVIDE LOW LEVEL MIXER WITH SPEAKERS

Describe specific power needs for entertainment and/or music:

FARWELL RECREATION CENTER WILL BE OPEN AND WILL PROVIDE ALL OF OUR A/C NEEDS.

How many generators will be used? 2 - 3

How will the generators be fueled?
A/C

Name of vendor providing generators:

Contact Person: DESIREE MARABLE

Address: 11018 WHITTIER

Phone: 313-839-7244

City/State/Zip DETROIT, MI. 48224

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☐ Yes ☒ No

If yes, please describe:

Will there be on-site ticket sales? ☐ Yes ☒ No

If yes, list price(s):

Will there be vending or sales? ☐ Yes ☒ No

If yes, check all that apply:

☐ Food ☐ Merchandise ☐ Non-Alcoholic Beverages ☐ Alcoholic Beverages

Indicate type of items to be sold:

NONE

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company:

Contact Person: NA

Address: NA

Phone: NA

City/State/Zip:

NA

Number of Private Security Personnel Hired Per Shift:

NA

Are the private security personnel (check all that apply):

☐ Licensed

☐ Armed

☐ Bonded

How will you advise attendees of parking options?

PARKING WILL BE DETERMINED ON A FIRST-COME BASIS

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

THE DETROIT POLICE DEPARTMENT AND THE FIRE DEPARTMENT WILL BE ON SITE TO MONITOR TRAFFIC AND PEDESTRIAN SAFETY. THE PARADE CARAVAN ALWAYS HAS A POSITIVE IMPACT ON THE SURROUNDING COMMUNITY.

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

WE NOTIFY VARIOUS BUSINESSES, CHURCHES, COMMUNITY GROUPS ABOUT OUR EVENT VIA, MONTHLY MEETINGS, MAILINGS AND DISTRIBUTION OF FLYERS.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	NA	
Tents (enclosed on 3 sides)	2 - 3	40 X 40
Canopy (open on all sides)	4 - 6	10 X 10
Staging/Scaffolding	1	10 X 20
Bleachers	NA	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: CITY OF DETROIT

Address:

City/State/Zip:

Name of company providing port-a-johns.

Contact Person: NA

Address:

Phone:

City/State/Zip:

Name of private catering company? NA

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: NO CLOSURES

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: NO CLOSURES

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: NA

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: NA

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: NA

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

THE DETROIT RECREATION DEPARTMENT AND THE CITY OF DETROIT ARE PROVIDING ALL SERVICES RELATED TO MEDICAL AND SANITATION AGREEMENTS. WE ARE THE ADVISORY COUNCIL AND THIS WILL BE OUR 33RD. ANNUAL " WE CARE DAY "

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

04/02/2019

Date _____

HOLD HARMLESS AND INDEMNIFICATION

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: WE CARE DAY **Event**
Date: 04/01/2019

Event Organizer:
FARWELL RECREATION ADVISORY COUNCIL

Applicant Signature: WALTER L. WOLSON

Date: 04/02/2019

18

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): ☒ APPROVED ☐ DENIED ☐ N/A ☐ CANCELED

Petition #: 852 Event Name: District 4 Community Fair

Event Date : May 23, 2019

Street Closure: None

Organization Name: Elliotts Amusements, LLC

Street Address: P.O. Box 236 Mason, MI 48853

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- ☐ Walkathon
 ☒ Carnival/Circus
 ☐ Concert/Performance
 ☐ Run/Marathon
☐ Bike Race
 ☐ Religious Ceremony
 ☐ Political Ceremony
 ☐ Festival
☐ Filming
 ☐ Parade
 ☐ Sports/Recreation
 ☐ Rally/Demonstration
☐ Fireworks
 ☐ Convention/Conference
 ☐ Other: _____
☐ **24-Hour Liquor License**

Petition Communications (include date/time)

Community Carnival with rides and food at Manz Playfield from 11:00am - 10:00pm.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Avalon Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with First Response to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Structures & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: May 9, 2019

AMENDED

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: District 4 Community Fair
Event Location: MANZ FIELD
12831 Franklin St. Detroit, MI 48213 4299 CONVER ST. DETROIT, MI 48215

Is this going to be an annual event? ☐ Yes ☒ No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Ellotts Amusements, LLC
Organization Mailing Address: PO Box 236, Mason, MI 48853
Business Phone: 517-244-0929 Business Website: www.gotothecarnival.com

Applicant Name: Deb Elliott
Business Phone: 517-244-0929 Cell Phone: 517-403-8455 Email: Debellott01@gmail.com

Event On-Site Contact Person:

Name: Tracy Elliott
Business Phone: _____ Cell Phone: 517-819-7000 Email: debellott01@gmail.com

Event Elements (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Walkathon | <input checked="" type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: _____

Please provide a brief description of your event:

Community Carnival with Carnival rides, food and non-alcohol beverages

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 5/20/19 Time: 10:00am Complete Set-up Date: 5/23/19 Time: 9:00am

Event Start Date: 5/23/19 Time: 11:00am Event End Date: 5/28/19 Time: 10:00pm

Begin Tearing Down Date: 5/27/19 Complete Tear Down Date: 5/28/19

Event Times (If more than one day, give times for each day):

Weekdays, 11am-10pm, Saturday 12:00pm-10:00pm Sunday, 12:00pm-10:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Ghander Park MANZ FIELD

Facilities to be used (circle): Street Sidewalk ☒ Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event: Carnival Ridea

Will a sound system be used? ☒ Yes ☐ No

If yes, what type of sound system? Public Address System

Section 5- SALES INFORMATION

Will there be advanced ticket sales? ☒ Yes ☐ No

If yes, please describe:

Will there be on-site ticket sales? ☒ Yes ☐ No

If yes, list price(s):

Will there be vending or sales? ☒ Yes ☐ No

If yes, check all that apply:

[] Food [] Merchandise [x] Non-Alcoholic Beverages [] Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? ☐ Yes ☒ No

If yes, please list how many:

Will there be a charge for parking? ☐ Yes ☒ No

If yes, please describe the amount:

How will you advise attendees of parking options?

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: AVALEN SECURITY

Contact Person: REDD TISHA

Address:

Phone: 313-220-5379

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 6

Are the private security personnel (check all that apply):

☒ Licensed

☐ Armed

☐ Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)? Minimal Impact

Have local neighborhood groups/businesses approved your event?

☒ Yes ☐ No

Indicate what steps you have or will take to notify them of your event:

Agreement with property owner

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

1 Generator and Diesel Fuel

Name of vendor providing generators: Contact Person: Elliot Amusements

Address: PO Box 236

Phone: 5178197000

City/State/Zip: Mason, MI 48854

How Many? 1

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: John 248-542-5770

Address: 21840 Wyoming

City/State/Zip: Oak Park, MI 48237

Name of company providing port-a-johns: Elliotts Amusements

Contact Person: Deb Elliotts

Address: PO Box 236

Phone: 517-819-7000

City/State/Zip: Mason, MI 48854

Name of private catering company?

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures? ☐ Yes ☒ No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

STREET NAME: _____

FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME: _____

REOPEN DATE: _____ TIME: _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Deb Elliott

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Chandler Park Community Fair Event

Date: 5/20/19, 5/28/19

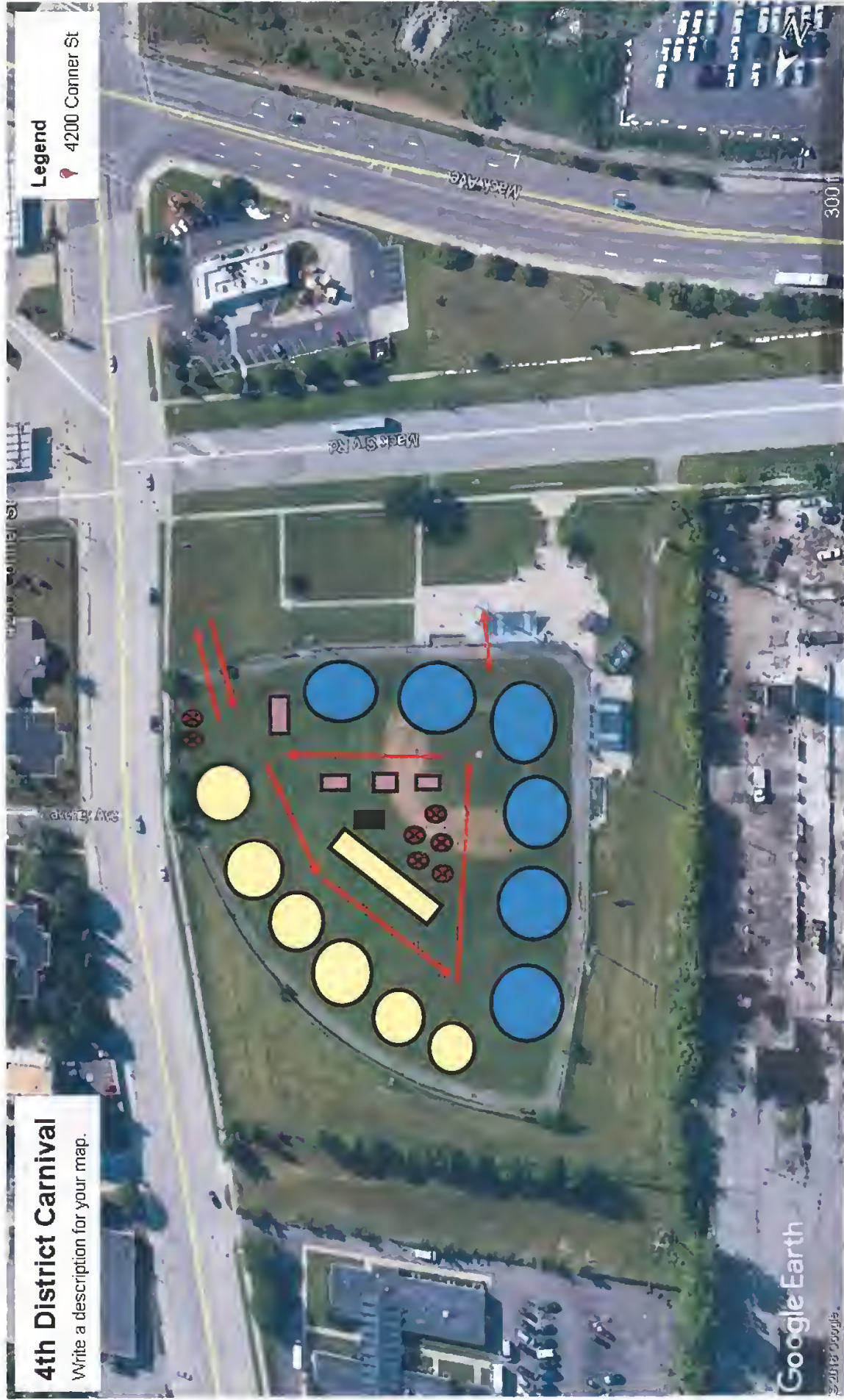
Event Organizer:

Applicant Signature: Deb Elliott

Date: 4/23/19

Legend

4200 Conner St



Google Earth

2000



Adult Rides



Kiddie Rides



Food



Generator



PortaJohn

DEPARTMENTAL REFERENCE COMMUNICATION

Friday, May 10, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE POLICE DEPARTMENT
RECREATION DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

852 *Elliotts Amusements, LLC, request to hold "Chandler Park Community Fair" on May 23 - May 28, 2019 at Manz Field located at 4299 Connor St. from 11:00 a.m. to 10:00 p.m.*

19

**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 10, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6001702 100% City Funding – AMEND 1– To Provide Property Clean Out and
Junk Removal Services for GSD. – Contractor: D and D Innovation, INC.
– Location: 18701 W. Grand Blvd., Ste. 371, Detroit, MI 48235 – Contract
Period: Upon City Council Approval through November 12, 2019 –
Contract Increase: \$200,000.00 – Total Contract Amount: \$700,000.00.
GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER MCCALISTER

RESOLVED, that Contract No. 6001702 referred to in the foregoing communication dated May 14, 2019, be hereby and is approved.

20

**OFFICE OF CONTRACTING
AND PROCUREMENT**

May 10, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002093 100% City Funding – To Provide an Agreement for the Design/Build Project to Convert the 2nd Floor of the NWAC from Office Space to After School Activity Space. Repairs Include; Window Replacement for the Entire Facility, Parking Lot Improvement and Elevator Repair. – Contractor: Gandol, Inc. – Location: 27455 Goddard Road, Romulus, MI 48174 – Contract Period: Upon City Council Approval through May 20, 2020 – Total Contract Amount: \$3,750,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer
Office of Contracting and Procurement

BY COUNCIL MEMBER MCCALISTER

RESOLVED, that Contract No. 6002093 referred to in the foregoing communication dated May 14, 2019, be hereby and is approved.